



Project Proposal Mississippi Certified Public Manager Program

Recommendations:

- Review Instructions for Job-Related Projects handout prior to completing this form.
- Complete Levels I and II of CPM training.
- Attend "CPM Project Workshop" prior to project completion.

CPM Level Completed To Date: _____ Email Address: _____
(If applicable)

Name of Participant: _____

Work Address (Street/City/Zip): _____

Social Security Number: _____ Work Telephone No/Ext.: _____

Organization/Division: _____

Complete sections A-F and obtain supervisor's signature. Submit a copy for approval by CPM Project Evaluator. The CPM Project Evaluator will approve the Project Proposal and/or make recommendations for change. Approval of a proposal does not signify approval of the completed project nor does it affect a participant's program activity status.

A. Project Title: _____

B. Problem: _____

C. Vision: _____

D. Goal Setting/Planning:_____

E. Action:_____

F. Evaluation/Assessment:_____

Participant Signature:_____ **Date:**_____

Supervisor's Approval:

I have reviewed the project proposal of this manager and have determined that the project is appropriate for the organization and the development of the manager. I agree to assist in the administration and evaluation of the performance of this project:

Signed:_____ **Date:**_____

Title:_____

Acknowledgment:

Organization Director/Agency Head Approval (optional)

Signed:_____ **Date:**_____

Send to:
Mississippi State Personnel Board
Office of Training
Attn: MS CPM Program Director
Robert G. Clark, Jr. Building
301 North Lamar, Suite 203
Jackson, MS 39201 or HANDMAIL